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Jinny Nguyen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: April 5, 2004

Travis BALDWIN et al.

Confirmation No. 3697

Serial No: 09/924,877

Group Art Unit: 2675

Filed: August 8, 2001

Examiner: Chow, Doon Y.

For: ADJUSTABLE DISPLAY DEVICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 RECEIVED

APR 1 3 2004

AMENDMENT

Technology Center 2600

Sir:

In response to the Office Action dated January 5, 2004, please amend the above-identified application in the following manner:

Amendments to the Claims are reflected in the listing of claims, which begin on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

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In re the application: Travis BALDWIN_et_al. Confirmation No.: 3697 RECEIVED Serial No: 09/924,877 Group Art Unit: 2675 APR 1 3 2004 APR 0 9 2004 Examiner: Chow, Doon Y. Filed: August 8, 2001 For: Adjustable Display Devices **Technology Center 2600** ENCLOSURES (check all that apply) Assignment and Recordation After Allowance Communication Amendment/Reply Cover Sheet to Group Appeal Communication to Board of After Final Part B-Issue Fee Transmittal Appeals and Interferences Appeal Communication to Group Information disclosure statement Letter to Draftsman (Appeal Notice, Brief, Reply Brief) Status Letter Form 1449 Drawings Postcard (X) Copies of References Petition Other Enclosure(s) (please Fee Address Indication Form Extension of Time Request * identify below): Terminal Disclaimer **Express Abandonment** Power of Attorney and Certified Copy of Priority Doc Revocation of Prior Powers Change of Correspondence Response to Incomplete Appln Address *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Response to Missing Parts Commissioner to extend the time for response for xxxxxx month(s), Executed Declaration by from to. Inventor(s) **CLAIMS** Highest # of Claims FOR Claims Remaining Extra Claims RATE FEE After Amendment Previously Paid For Total Claims 20 27 0 \$18.00 0.00 Independent Claims 5 5 0 \$86.00 \$ 0.00 0.00 **Total Fees** \$ **METHOD OF PAYMENT** Check no. _____ in the amount of \$ _____ is enclosed for payment of fees. (Account Holder Name) for payment of fees. to Deposit Account No. Charge \$ Charge any additional fees or credit any overpayment to Deposit Account No. 50-0563 (IBM Corporation). SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Attorney Name Stephen G. Sulliva Rag. No. 38,329 Signature April 5, 2004 Date **CERTIFICATE OF MAILING** I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class

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